

Mosquito Trapping

Internal Use

State ID _____

County _____

Entry Date _____

Submit To

Please submit completed form with specimen to:

Jo Marie Brauner
Washington State Department of Health
Office of Environmental Health & Safety
PO Box 47825
Olympia, WA 98504-7825
(360) 236-3064 fax (360) 236-2261
jomarie.brauner@doh.wa.gov

Trap Effort

Trap Location

Location Name _____

Physical Address _____

Address 2 _____

City/State _____

County _____

Zip Code _____

GPS Coordinate

Latitude (i.e., 47.198062) _____

Longitude (i.e., -122.386037) _____

(Please report your GPS coordinate in decimal degrees with a minimum of six decimal places.)

Location Description _____

Collection Date ____/____/____

Length of Trapping Time _____

Trap Type

☐ Carbon Dioxide ☐ Light ☐ Dip
☐ Gravid ☐ Oviposit ☐ Other _____

Number of traps for this type _____

Collecting Agency

Name _____

Address _____

City/State/Zip _____

Contact Person _____

Phone _____

Fax _____

Email _____

Reporter Name

Name _____

Comments _____

Local ID _____

Other ID _____

Pool Information - 1

Pool ID _____

(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

☐ *Aedes vexans* ☐ *Culex tarsalis*
☐ *Anopheles freeborni* ☐ *Culiseta incidens*
☐ *Anopheles punctipennis* ☐ *Culiseta inornata*
☐ *Culex pipiens* ☐ *Culiseta morsitans*
☐ *Coquillettidia perturbans*

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

☐ *Ochlerotatus aboriginis*

☐ *Ochlerotatus dorsalis*

☐ *Ochlerotatus increpitus*

☐ *Ochlerotatus fitchii*

Other _____

Number in Pool _____

Number of Females _____

Pool Information – 2

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

<input type="checkbox"/> <i>Ochlerotatus aboriginis</i>	Number in Pool _____
<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 3

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

<input type="checkbox"/> <i>Ochlerotatus aboriginis</i>	Number in Pool _____
<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 4

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

<input type="checkbox"/> <i>Ochlerotatus aboriginis</i>	Number in Pool _____
<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 5

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

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<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 6

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

<input type="checkbox"/> <i>Ochlerotatus aboriginis</i>	Number in Pool _____
<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 7

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

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<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 8

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

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<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 9

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

Each species identified during this trapping event represents a pool. Please indicate the species, the total number collected, and the number of females collected for each pool. Write species name in "Other" if not represented in the list below.

<input type="checkbox"/> <i>Ochlerotatus aboriginis</i>	Number in Pool _____
<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 10

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

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<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	

Pool Information – 11

Pool ID _____
(Trap ID/Collection Date YYYY/MM/DD – Pool Number)

Identification Type ☐ Adult ☐ Larval

Mosquito Type

<input type="checkbox"/> <i>Aedes vexans</i>	<input type="checkbox"/> <i>Culex tarsalis</i>
<input type="checkbox"/> <i>Anopheles freeborni</i>	<input type="checkbox"/> <i>Culiseta incidens</i>
<input type="checkbox"/> <i>Anopheles punctipennis</i>	<input type="checkbox"/> <i>Culiseta inornata</i>
<input type="checkbox"/> <i>Culex pipiens</i>	<input type="checkbox"/> <i>Culiseta morsitans</i>
	<input type="checkbox"/> <i>Coquillettidia perturbans</i>

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<input type="checkbox"/> <i>Ochlerotatus dorsalis</i>	
<input type="checkbox"/> <i>Ochlerotatus increpitus</i>	Number of Females _____
<input type="checkbox"/> <i>Ochlerotatus fitchii</i>	
Other _____	